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Date: 10/11/2016

Account #: I20000000088

Name: Michelle Walker

Reference #: T005915

ENTITY NAME: GP PREVARIAN HOSPITAL PARTNERS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

** Please file 1st **

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TALLAHASSEE, FLORIDA

Authorized Amount: \$ 125

Signature: Michelle Walker

Date: 10/11/2016

Account #: I20000000088

Name: Michelle Walker

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TALLAHASSEE, FLORIDA

Authorized Amount: _____

Signature: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GP PREVARIAN HOSPITAL PARTNERS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Texas

(Jurisdiction under the law of which foreign limited liability
company is organized)

3.

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8214 WESTCHESTER, SUITE 600

DALLAS, TX 75209

(Street Address of Principal Office)

6. 8214 WESTCHESTER, SUITE 600

DALLAS, TX 75209

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

F & L Corp.

Office Address:

One Independent Drive, Suite 1300

Jacksonville

(City)

, Florida 32202-5017

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

H. Dodd Crutcher, Manager

8214 Westchester Drive, Suite 600, Dallas, TX 75209

Allan R. Brown, Manager

8214 Westchester Drive, Suite 600, Dallas, TX 75209

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)



Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

H. Dodd Crutcher

Typed or printed name of signer

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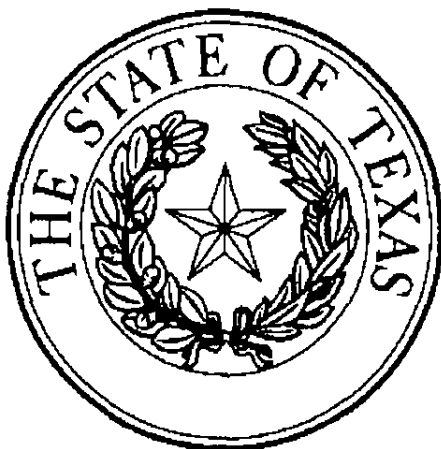
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for GP Prevarian Hospital Partners, LLC (file number 800792790), a Domestic Limited Liability Company (LLC), was filed in this office on March 26, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 07, 2016.



FILED
16 OCT 11 AM 9 44
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Carlos H. Cascos
Carlos H. Cascos
Secretary of State